

The Effects of Art Making on Self-Disclosure and  
Mood for People of Color

Marsha Placide

Albertus Magnus College

Submitted in partial completion of the requirements for the Master of Arts in  
Art Therapy and Counseling (MAATC)

May 2022

Institutional Review Board (IRB)  
Albertus Magnus College

DATE: March 14, 2022

ID#: 20220314 - MP

Dear Marsha Placide,

This letter serves as an official approval by the Albertus Magnus College IRB for you to conduct the study on “art making, building rapport, and people of color” as described in the IRB application submitted on 3/3/22. Please ensure that the confidentiality of your research participants is properly protected and that you remain within the boundaries you stated in the IRB application. If those boundaries change in relation to the study participants, please notify the IRB as an amendment may be necessary.

Your study is authorized to begin as of the date of this approval letter and is valid for one year, ending on March 14th, 2023.

If you have any questions, please contact Dr. Joshua Abreu, the IRB Administrator, by e-mail at [jabreu1@albertus.edu](mailto:jabreu1@albertus.edu).

Sincerely,

Joshua Abreu, Ph.D.  
IRB Administrator

### **Acknowledgements**

With deep regard and genuine gratitude, I recognize the compassion and wisdom provided by my advisors and reader.

Advisor: Abbe Miller, Ph.D., ATR-BC, LPC  
Professor, Master of Arts in Art Therapy and Counseling Program  
Albertus Magnus College

Advisor: Neda Moinolmolki, Ph.D.  
Assistant Professor of Psychology  
Albertus Magnus College

Reader: Ragaa Mazen, Ph.D., NCC  
Curriculum Consultant  
Former Director of Masters of Science in Human Services  
Albertus Magnus College

I am beyond grateful for the friends and family who have supported me with their words, actions, or prayers. Thank you to my biggest motivation, my daughter Janelle. Because of you, I have pursued adventures, like graduate school, with courage. I also want to acknowledge my mother, Marie Anne. Your constant prayers have helped to keep me in my purpose. Thank you. To my sister Kim, I am grateful for your help to keep laughter a priority in my process. I also want to acknowledge my dearest friends Kelly and Kevin. I will never forget your selfless and enthusiastic support throughout the program, especially with recruiting research participants. I am also extremely thankful for your reminders and help to celebrate the big and small victories.

### **Abstract**

Lack of trust in health care providers have been notable barriers to supporting and improving retention of, and outcomes for, mental health treatment for people of color. This study explored the impact of art making on mood and emotional disclosure for persons of color, by comparing two artmaking conditions. Participants made art using watercolors, with and without frames. It was hypothesized that the frame condition would report significant changes in score on negative mood and willingness to self-disclose emotions, when compared those who were not given a frame. Findings indicated that both hypotheses were partially supported. Changes in subscales of tension and confusion were found to be statistically different. Also, subscales for happiness and anger disclosure were found to be significantly different between conditions. Both conditions reported a significant decrease in negative mood and a significant increase in willingness to disclose emotions. Implications for art therapy approaches for people of color are discussed.

### The Effects of Art Making on Self-Disclosure and Mood for People of Color

Many barriers influence the lack of utilization of mental health services by people of color in the United States. Although the label suggests a focus on the pigmentation of a person's skin, people of color have been historically defined as persons of African, Asian, and Hispanic descent (Fredrickson, 2005). However, this interpretation can overlook individuals of Latin descent, Indigenous Americans, and Pacific Islanders. For the purpose of this research, *people of color* were defined as individuals who self-identify as non-White or non-Caucasian and/or who identify as mixed race or ethnicity. Not only do people of color face racial discrimination, which create barriers to accessing health care, but also racial disparities that contribute to mental health conditions including anxiety, depression, and substance abuse (Vega, 1991). Despite higher rates of emotional distress compared to racial majority populations, efforts to support people of color are reflected in the limited availability of peer-reviewed research on treatment interventions for this unseen and underrepresented population.

Research is needed to identify treatment approaches that can help decrease negative mood as a marker of mental health, thus influencing other elements of the therapeutic treatment process. While not focusing specifically on people of color, many psychological studies have focused on efforts to improve negative mood. For example, Högberg and Hällström (2018), to compared suicidality and depression treatment outcomes for youth by analyzing cognitive behavioral therapy (CBT) that focused on regulating mood to pre-existing treatment approaches. Researchers used a short 13-item version of the Mood and Feelings Questionnaire (SMFQ) to evaluate symptoms of depression. Although participants in the control group reported a greater

reduction in suicidality, researchers found that mood-focused CBT also reduced suicidality scores.

Further, studies have supported the need to explore supplemental approaches to help regulate mood through increasing client engagement (Matthews & Doherty, 2011). An initial trial comparing mobile and written diary interventions on a sample of six adolescents was assessed to compare their mood in different conditions. A subsequent trial sampled 73 minors with mental health issues. Results showed higher reports on mood in the mobile condition compared to the written diary condition. Further research is needed to investigate alternative methods to encourage mental health service utilization with populations where engagement is challenging. Standard approaches to impacting negative mood changes may not be applicable in the same ways for people of color, given their unique historical challenges within the field of psychology.

People of color are familiar with experiences of racial discrimination on a regular basis. Benjamins (2013) examined ethnic minorities and majority experiences with discrimination and their related coping responses. Participants ( $N = 1,6999$ ) included Mexicans, African Americans, and Whites and were compared using a variety of measures. The data showed that Puerto Ricans reported the second highest level of discrimination after African Americans. In addition, data from the William's Everyday Discrimination Scale (EDS), which measured race related treatment, showed that health care discrimination correlated with depression outcomes for all participants.

Probing further into areas of discrimination, Wallace et al. (2016) explored connections between racial discrimination and mental health wellness for ethnic minorities. The identified populations were categorized as having experienced no exposure, one exposure, or two or more

exposures to racial discrimination. For this study, longitudinal data was gathered over the span of four years. A 12-Item Short Form Health Survey (SF-12), the Mental Component Summary (MCS), and a mental health distress questionnaire were combined to create an overall mental health adjustment score. Data analysis determined that Black Caribbean (e.g., Jamaican, Barbadian, and Dominican) and Asian groups (including Indian, Pakistani, and Bangladeshi) scored significantly lower than White British participants on levels of mental wellness. Yet, Black Africans scored significantly higher than White British participants on levels of mental wellness. This suggests further research is needed to focus on the variables that influence mental wellness within racial groups.

Additionally, the results of a study by Padgett et al. (1994) suggested that use of mental health services still varies compared to ethnically diverse health insurance holders. Researchers examined if insurance coverage increased the chances that federally employed Blacks, Hispanics and Whites would access mental health services. Researchers defined the use of this service as provided by a variety of professionals such as physicians, social workers, and psychiatric nurses. Results showed that Hispanics and Whites had a higher usage of mental health services than Blacks.

Examining the use of mental health services, Takeuchi et al. (1995) explored how ethnic-focused mental health programs influenced ethnic minority's re-entry rate to services. This study spanned six years and sampled adult African American, Asian American, and Mexican American who received services from agencies in Los Angeles. Researchers analyzed data from the city's mental health database to identify individuals who utilized at least one outpatient therapy session in settings that serviced mostly White adults compared to agencies whose consumers consisted of mostly ethnic minorities. Results indicated that African American and Asian Americans were

four to six times more likely to receive therapy from someone of the same ethnic group. The researchers concluded that return rates for all minority groups, as defined by attending more than one session, were statistically significant when they received mental health services in ethnic-focused programs as compared to programs utilized mostly by Whites. Researchers suggested more exploration is needed to identify additional features that positively correlate with return rates.

Individual perceptions about mental health treatment were also examined by Shavers et al. (2002). Researchers explored African American attitudes towards engaging in health-related services. The researchers focused on the differences in barriers to participate in medical research studies between African Americans and Whites. Although African Americans had a higher rate of responding to the survey, Whites reported greater openness to participate in medical research studies. Questionnaire results showed that the lack of trust with medical researchers was significantly higher among African Americans, by 34 percent. Considering this may affirm racial minority groups' priority to communicate distrust and ruptured rapport with health care providers. Sincere action on the part of the healing community could drive positive change to rebuild therapeutic relationships.

In fact, recently the American Psychological Association (APA, 2021) publicly expressed regret for their role in harming people of color through systemic racism and racial discrimination over the span of 177 years, including the 48 years leading up to the organization's official establishment. Guided by their promise to radically move away from oppressive practices in the field of psychology, they also highlighted current and future plans to not only avoid harm, but also help improve society and benefit the lives of *all* people, with particular focus on people of color. This validates the reluctance and mistrust of the medical system by people of color.



Mistrust between people of color and our medical systems can impact both physical and mental health care for minorities. For example, Awais et al. (2020) examined the relationship between the art therapist supervisor and supervisee when racial implicit biases and other differences create challenges to manifesting a supportive dynamic. The authors' recommendations included an ongoing practice of humility, openness for communication about observed differences and recognizing that implicit bias is a manifestation of racism. Beyond exploring efforts to recruit, retain, and develop positive outcomes for people of color in therapy, the field may equally benefit from exploring how therapeutic constructs have impacted communities of color.

For instance, racial and ethnic minorities' vulnerability to access mental health services may stem from a lack of knowledge that would help them identify their needs for therapeutic resources. Agumandu et al. (2004) posited that a barrier to mental health entry for people of color may begin with poor early mental health education. In their study, that examined Season Affective Disorder, they found a pattern of winter seasonal affective disorder, although 80% of the participants were unfamiliar with the condition. Research findings were then compared to a similar study of a more diverse population. This revealed that while there was no significant difference in experience of the disorder, levels of *awareness* of this disorder were higher among Caucasian participants.

In addition, the mental health impact of racism experienced by adult Asian Americans was explored in a study conducted by Ong et al. (2013). The study included college students who provided a daily self-report on the occurrences of micro aggressions uniquely defined for this ethnic group. Racial *micro aggressions*, as defined by Sue et al. (2007), are often daily, concealed messages expressed to people of color by Caucasians. In addition, although the

comments express feelings, judgements, and beliefs that are humiliating to racial minorities, this is unknown by the communicator (Sue et al., 2007). Findings from Sue et al. revealed that most participants experienced micro aggression on an average frequency of once a week (2007). One hypothesis of the affirmed that Asian Americans experienced micro aggressions mostly related to being cast as outsiders. Results also supported the hypothesis that higher levels of micro aggressions correlated with somatic symptoms and negative affect. Considering the impact of racism as reported by the participants, looking into the dynamics that may help honor these experiences through creating emotional safe spaces and rapport with clients of color, could be beneficial.

Subsequently, if rapport is not built between clients of color and those in the mental health system, then it is also less likely that they will feel comfortable with self-disclosing which is a central component of mental health care and therapy (Derlaga & Berg, 1987). For example, researchers analyzed how disclosure influenced levels of therapeutic healing for women survivors of childhood sexual abuse (Farber et al., 2014). The study sampled 98 women, ages 18-62, from six different countries including India, Australia, Canada, and America. Dimensions of Self-Disclosure (DSD) for adult survivors of childhood sexual abuse was used to measure clients' perception of positive and negative outcomes related to their disclosure about their abuse to a mental health professional. The researchers concluded that self-disclosure was a causative variable that impacted participants positive outcomes, such as a release of emotional tension, an increased sense of self, and feeling of being accepted and understood.

Further, in an earlier study measuring client attitudes regarding disclosure, Farber et al. (2004) also investigated ways that therapists' approaches impacted client disclosure. Using both qualitative and quantitative methods, 21 adult men and women participants reported their

disclosure perceptions through interview questions and by completing the Disclosure-To-Therapist Protocol (DTAP). Nine participants noted judgment from the therapist as a significant concern for disclosing. Participants identified that they felt an increased comfort with disclosure when they were with therapists who tried to establish rapport and were accepting.

While comfort in disclosing may be indicative of a welcoming therapeutic relationship, many minority clients will report feeling alienated from therapists of different cultures or ethnicity (Takeuchi et al., 1995). As an antidote to alienation, global research explorations can offer some understanding of welcoming traditions within cultures of origin. In a qualitative study conducted in Kenya, Brinks (2016) explored the cultural impact tourism had in one village occupied by Maasai people. They were observed to use welcoming traditions include songs and a jumping-dance to help attract tourism and subsequently supported additional income for the village. The Maasai affirmed that sharing their customs help keep their culture alive.

Considering culturally significant ways to welcome and honor one's experience as factors in any therapeutic process may generate insight towards developing more strategies towards building therapeutic alliances for people of color. Similarly, building rapport may include attention to cultural greetings and leaving practices, which might then be applicable to therapy sessions. In a qualitative study, Béal (2010) compared the greeting rituals between 12 Australian and French participants and their friends. Further, in some cultures, parting behaviors and gestures are also significant to how guests are treated to help them feel respected and welcomed. In a mixed methods study Michno (2017) explored the greeting and parting expectations of bilingual Mexican Americans in a variety of relationship dynamics. There was a statistical significance in participants' expectations to formally acknowledge and be acknowledged by

others when entering and leaving group settings. This was viewed as an expression of respect and a demonstration of value held to the relationship, regardless of primary language spoken.

While people of color may not feel fully welcomed in traditional talk therapy, alternative and non-verbally based therapies may offer new pathways to develop rapport and reduce negative mood. Art therapy combines psychotherapy and visual art, but the methods may also incorporate other expressive art domains such as poetry and music (Art Therapy Credential Board [ATCB], 2021). This clinical mental health treatment modality uses both process and product of art making for therapeutic healing. Clients of many populations and within a variety of settings are guided into self-expression and discovery by creating visual art.

Art therapy methods have been used to address positive mood changes. De Petrillo and Winner (2005) examined if making art increased positive mood and whether these changes were related to reduced tension or distraction. Participants included men and women undergraduate students. A sample of 42 students were randomly assigned to either art making or a copying condition. The experimental group was provided with a variety of two-dimensional marking materials to freely create an image related to how they were feeling at that moment. The control group was provided the same materials but asked to copy 10 geomatics shapes on individual sheets of paper. Each participant was administered the Affect Grid pre-and post-activity. While both groups reported increased positive mood, the researchers' hypothesis was supported in the findings that art making resulted in higher positive mood compared to the copying group.

In addition, utilizing art therapy for people of color, including teens, was supported as an effective psychological intervention in a New York high school. Ramirez et al. (2020) explored the effect of art therapy implementation in school program for 162 adolescents, which included a majority of African American, Latinos, and Asian students. The hypothesis, that emotional and

behavioral variables measured in an art therapy group would show more significant improvements when compared to a non-art therapy group was not supported. Yet, results showed a statistically significant increase in self-esteem and personal adjustment for the average track students compared to the control group. In addition, in the experimental conditions, the at-risk track students showed significant improvement (Ramirez et al., 2020).

Other significant mental health concerns such as increasing self-esteem, resilience, and self-awareness have been associated with art therapy methods. Thammachack (2020) explored the impact that two art therapy directives may have on improving resiliency in women of color who self-reported experiencing raced based trauma. Quantitative and qualitative results revealed an increased in resilience, self-esteem, and self-awareness after being involved in two art therapy directives. In another art therapy study, Kang et al. (2021) examined if Asian children with disabled siblings could develop an increase in self-esteem through an 8-week art therapy program. Their research may provide insight into methods for developing rapport with minority Asian clients in the United States. Results from this study showed that while an increase in subscales scores measuring home and school self-esteem were not statistically significant due to art therapy, an increase in overall and social self-esteem subscales scores were statistically significant. This suggests that art therapy may be a useful intervention for similar populations.

When relating the use of art therapy with rapport building, Dissanyake's (2003) theory of "making special" has been cited in the art therapy literature. The practice of creating art for its value in beauty dates to 19<sup>th</sup> century Europe as artworks were developing as items for presentation and witnessing in society. Art making has been used across cultures and centuries to make visual communication and expression 'special' (Arrien, 2010). Building on this, Dissanayake's (2003) theory focuses on the creating process orienting to materials and behaviors

that transform the ordinary into spectacular objects and experiences. It is more than just a tool of self-expression but a process rooted as an evolved survival mechanism. When our human ancestors embellished tools and ceremonies, it invited use of the tools or community gatherings, thus increasing our survival. Perhaps incorporating frames as material for the artmaking would be a welcoming mechanism, considering its ability to invite and ‘make special’, can help explore rapport building and negative mood in art therapy.

As suggested earlier, establishing rapport can lead to disclosure in therapy. Artistic expression can be a mode of developing rapport and is a form of non-verbal disclosure. In a qualitative study researchers explored the process of disclosure in art-based supervision (Robb & Miller, 2017). With a sampling of 21 supervisees from two colleges, participants used *El Duende* Process Painting (EDPP) to explore perceptions of disclosure elements reflected in their artworks. Three elements were part of artistic disclosure: images preceded awareness; physical impulse to create; and affective connections to salient images. The researchers also suggested that supervisees’ development of self-awareness via disclosures in artmaking contributed to a willingness to share verbal disclosures. This suggests that artmaking can be a device that encourages readiness to share emotions. In effect, rapport is developed through a relationship with the art making as well as the therapist.

While building rapport and supporting disclosure are elements of art therapy, it may also decrease negative mood, the choice of media use is an important consideration as well. One feature of materials use in art therapy builds on Dissanyake’s theory of “making special”: the ability to make special works of art by framing them. Simple mat board frames have been incorporated into art therapy work, both for display and for focusing on parts of an image. Fenner (2012) examined the impact of framing and incorporating objects outside of the art

therapy space. In this study, participants were placed in staged art therapy rooms and were directed to photograph any area in the room that called their attention. Client participants were then directed to create a piece of art related to the emotional and physical response to the image. In this qualitative study, 10 client themes were identified, including a focus on window frames and what was outside of the room, suggesting a desire for control and perspective.

It may be useful to also look to fine artistic photography to enhance understanding of the potential impacts of framing. Marchesi (2014) analyzed the conservation techniques of film photography. It was proposed framing images was a sufficient method to protect them without compromising original presentation. This suggests that framing artwork may serve dual functions: the frame highlights the art and helps to create a safe space around it.

Concluding, it has been shown that experiencing racism, especially implicit biases, continues to lead people of color to endure adversities that can intersect with mental illness (Benamins 2013; Vega, 1991; Wallace et al. 2016). Lack of trust in health care providers have been notable barriers to supporting and improving both retention of, and outcomes for, mental health treatment for people of color (APA, 2021; Shavers et al. 2002). Research suggests a need to focus on identifying techniques that may help build trust and understanding to advance therapeutic alliances with racial minorities. An indication of this growth may be supported by decreasing negative mood and willingness to disclose information by creating a space that is welcoming and communicates that they are valued. Art therapy may provide components of welcoming and making special that offer unique approaches to developing rapport building strategies that nourish mental health utilization for people of color. For this present study, the researcher investigated the impact of an orienting to *making special* (Dissanayake, 2003) art-

therapy intervention on people of color's mood and willingness to emotionally self-disclose to an art therapist.

The first hypothesis of this present study was that participants whose art making included a process of framing the art would report a significantly different change in score on negative mood, compared to those who were not given frames. The second hypothesis was that participants whose art making included a process of framing the art would report significantly different changes in scores on subcategories of willingness to emotionally self-disclose, compared to those who were not given frames.

## **Method**

### **Participants**

A sample of  $N=30$  adults, between the ages of 21 and 51 ( $M=31.80$ ,  $SD=7.22$ ), who self-identified as persons of color participated in the study. At 76%, women made up the largest gender group followed by men at 16.7%, then 6.7% for non-binary participants. Black/African American or African Caribbean consisted of 50% of the sample. The remaining group included 36.7% Hispanic or Latinx, 3.3% Asian/Asian American or Pacific Islander, and 10% were of mix races.

### **Materials**

Each participant was provided a Pelikan watercolor palette including 12 colors, and two sheets of 5" x 7" (12.7 cm x 17.78 cm) white Strathmore watercolor paper. A 10-piece paintbrush set including flat, round, filbert, and angled brushes was also provided. Water in a glass jar, four sheets of paper towels, and an air dryer was also available. The experimental group also received one black 8" x 10" (20.32 cm x 25.4 cm) photo mat board frame with a 5" x 7" (12.7 cm x 17.78 cm) beveled opening at the completion of their art making.



## Instruments

***Profile of Mood States Short Form.*** The Profile of Mood States Short Form (POMS-SF) is a self-report measure on current mood experiences. This 37-item questionnaire compares five negative mood subscales to one positive mood subscale, which evaluates a Total Mood Disturbance (TMD) score. Items are scored on a 5-point Likert type scale ranging from 0 (not at all) to 4 (extremely) for negative and positive moods experienced in the moment. The POMS-SF has been found to be a reliable and valid measure. One study comparing the POMS-SF to the full-length 65-item POMS scale found them to be both statistically correlated, with an R of .95 (Shacham, 1983). Moreover, the Coefficient Alpha, to measure internal consistency, had ranged from .80 to .91, suggesting the short version is an effective alternative. To explore the validity of the POMS-SF, Baker et al. (2002) used the data from a sample of 428 cancer patients who completed the POMS-SF and four valid scales that measured physical and psychological aspects of positive and negative mood. Focusing on a confirmatory factor analysis of the six total positive and negative mood subscales in the long version (POMS), results from this study demonstrated significant convergent and discriminatory validity ranging from .47 to .89. Research results showed that the short-form maintains or exceeds internal consistency for the six subscales of the long version, the POMS-SF was supported as an appropriate alternative to the POMS.

***Emotional Self-Disclosure Scale.*** The Emotional Self-Disclosure scale (ESDS) explores 40 emotions an individual may feel comfortable or willing to discuss with the mental health provider. Items are scored by responses (A= not disclosed, B= slightly discussed, C=moderately discussed, D= almost fully discussed, E= fully discussed). This self-report measure identifies eight subscales of disclosure topics including depression, happiness, jealousy, anxiety, anger,

calmness, apathy, and fear. Each subscale contains five emotions that are scored on a 5-point Likert type scale ranging from A= 0 to E=4. Higher number scores on the subscales indicate higher levels of disclosure. The researcher of this present study modified the measure by asking participants to score each item based on their comfort to disclose emotions to “an art therapist” pre and post the art making experience. Snell et al. (2013) examined the reliability and validity of the EDSD in the development of this measure using the data of 79 undergraduate students who self-identified as men, women, or sex unspecified. The Cronbach’s alpha analysis of the eight emotion subscales indicated good internal consistency ranging from .83 to .95. Additionally, developers supported this measure as valid with between-groups MANOVA analysis for variances in men and women’s’ willingness to disclosure their emotions to male friends, female friends, and spouse/lovers. Results revealed disclosure variance to male friends were statistically significant [ $F(8,64) = 3.08, p < .05$ ]. Also, disclosure variance to female friend was statistically significant on five of the eight subscales [ $F(8, 64) = 2.60, p < .016$ ], and disclosure willingness to spouses/lovers on four of the eight emotional subscales were indicated as statistically significant [ $F(8, 64) = 4.24, p < .001$ ]. Finding supported researchers’ review of literature on male’s resistance to disclosing various emotions.

## **Procedure**

Information about the study was shared by word of mouth, flyers, and social media postings (Appendix A) to recruit participants. Thirty ( $N=30$ ) persons of color were randomly assigned using a coin toss method; to either a frame condition ( $n=16$ ) or a no frame group ( $n=14$ ). Each participant was entered into a raffle to win art supplies valued at \$50. Eligible participants were given the option to schedule their meeting via phone or by selecting open time spots through SignUp Genius, an online scheduling site. The location of these

meetings took place in one of two locations: a college campus classroom or a local community agency's conference room.

Before art making, all participants were asked to review and complete a consent form (Appendix B) and an art image release (Appendix C), and the Profile of Mood State Short Form (POMS-SF). They were then provided with a copy the consent and image release forms before receiving verbal instructions to complete a modified Emotional Self-Disclosure Scale (ESDS).

The researcher created and then provided all participants with a brief video that demonstrated five watercolor techniques (Appendix D). Participants in each group were given 20 minutes to complete their art with the directive, "Use your materials to create an image that is a representation of yourself. You can create a realistic image, an image using colors, shapes, lines and forms, or combination of realistic and abstract." Participants received a time prompt of five minutes before they were asked to suspend their art making process. A hairdryer was available if any of the works were particularly wet and in need of drying before adding frames. Participants' abilities to use watercolor were not a concern for this present study. Instead, the provision of watercolor as the only art media was intended to support a fluid, colorful, transparent, and decisive art-making experience. This media choice also considered participants' diverse art skill levels.

Once art making was completed, only participants in the experimental group were presented with a frame and adhesive material to complete their artwork. After frames were attached and artwork was viewed, all participants were asked to write a few sentences on a form (Appendix E) about their watercolor painting and experience making art. After full completion of their art making process and writing, participants in both groups were asked to complete post measures using the POMS-SF and the ESDS. A request to fill out a demographic and

questionnaire form (Appendix F) followed. To finish, participants were debriefed (Appendix G) and given the opportunity to ask questions.

### Results

Two paired t-tests were used to determine changes in mood disturbances for both conditions: frame and no-frame group. Total mood disturbance was calculated by subtracting the POMS-SF vigor subscale score by the sum of the remaining subscale scores (tension, depression, anger, fatigue, and confusion). Results from the pre-test ( $M = 2.93$ ,  $SD = 11.86$ ) and post-test ( $M = -2.79$ ,  $SD = 7.14$ ) indicated a significant decrease in total mood disturbance (negative mood) after exposure to the frame condition,  $t(13) = 2.61$ ,  $p = .01$ . Similarly, the group that did not receive a frame also yielded a significant decrease in total mood disturbance from the pre-test ( $M = 11.69$ ,  $SD = 22.78$ ) and post-test ( $M = -5.31$ ,  $SD = 7.26$ ),  $t(15) = 3.03$ ,  $p = .01$ .

Paired t-tests on the eight ESDS disclosure subscales were also examined in each condition. For the frame condition, significant differences were found for willingness to disclose jealousy, anger, and apathy after art exposure. Results from the pre-test ( $M = 14.71$ ,  $SD = 4.18$ ) and post-test ( $M = 16.29$ ,  $SD = 4.29$ ) indicated an significant increase in jealousy disclosure,  $t(13) = -2.51$ ,  $p = .01$ . Moreover, a significant increase in anger disclosure was found,  $t(13) = -2.66$ ,  $p = .01$ , between the pre-test ( $M = 15.21$ ,  $SD = 4.35$ ) and post-test ( $M = 17.00$ ,  $SD = 3.90$ ). Lastly, results from the pre-test ( $M = 15.07$ ,  $SD = 4.84$ ) and post-test ( $M = 16.64$ ,  $SD = 4.52$ ) indicated an significant increase in apathy disclosure after exposure to the frame condition,  $t(13) = -2.27$ ,  $p = .02$ .

When evaluating the paired t-tests on emotional disclosure in the no-frame condition, significant differences in willingness to disclose depression, happiness, and jealousy were found. The results from the pre-test ( $M = 15.05$ ,  $SD = 5.48$ ) and post-test ( $M = 16.19$ ,  $SD = 4.81$ )

indicated a significant increase in depression disclosure after exposure to the no-frame condition,  $t(15) = -3.31, p < .01$ . Moreover, a significant increase in happiness disclosure,  $t(15) = -2.30, p = .02$ , was found between pre-test ( $M = 17.75, SD = 3.64$ ) and post-test ( $M = 18.44, SD = 2.78$ ). Lastly, the results from the pre-test ( $M = 14.50, SD = 6.06$ ) and post-test ( $M = 15.31, SD = 5.71$ ) indicated an increase in jealousy disclosure after exposure to the no-frame condition,  $t(15) = -2.21, p = .02$ .

Next, an independent t-test was conducted to assess if there was a significant difference in the change in scores of negative mood between conditions. Findings revealed no significant difference in the change in scores on negative mood between the frame condition ( $M=-5.71; SD=8.19$ ) versus the non-frame condition ( $M=-14.88; SD=18.88$ ),  $t(28) = 1.68, p = .06$ . However, independent t-test analysis indicated a significant difference in change score of tension between the frame condition ( $M=-1.71; SD=2.43$ ) versus the no-frame condition ( $M=-4.00; SD=3.81$ ),  $t(28) = 1.93, p = .03$ . Additionally, there was found to be a significant difference in the change in scores of confusion between the no frame condition ( $M=-3.81; SD=2.93$ ) and frame condition ( $M=-1.07; SD=1.77$ ),  $t(28) = 3.05, p < .01$ .

Furthermore, to examine if there were significant differences in the change in emotional disclosure constructs between conditions, independent t-tests were conducted. Results indicated a significant difference in change scores on happiness disclosure between the frame condition ( $M=-.14; SD=1.29$ ) versus the non-frame condition ( $M=.69; SD=1.20$ ),  $t(28) = -1.83, p = .04$ . The group that did not receive a frame showed an increase in their willingness to disclose happiness; meanwhile, the frame condition showed a decline. Furthermore, results also revealed a significant difference in the change scores on anger disclosure between the frame condition ( $M=1.79; SD=2.52$ ) versus the non-frame condition ( $M=-.13; SD=1.71$ ),  $t(22.45) = 2.40, p = .01$ .

Participants who received a frame reported an increase in their willingness to discuss anger; meanwhile, the non-frame condition showed a decrease.

### **Discussion**

This research study was designed to explore the impact of artmaking on mood and willingness to disclose emotions with an art therapist. The area of interest was specially focused on adult persons of color. Two hypotheses were proposed, the first hypothesis was that participants whose art making included a process of framing the art would report a significantly different change in score on negative mood, compared to those who were not given frames. The second hypothesis was that participants whose art making included a process of framing the art would report significantly different changes in scores on subcategories of willingness to emotionally self-disclose, compared to those who were not given frames.

As anticipated, changes in the pre and post POMS-SF scores for both conditions showed a significant decrease in overall negative mood. Additionally, results indicated a significant increase in willingness to disclose emotions for the participants in both conditions. Although the change in overall negative mood trended in support of the first hypothesis, the change in scores between conditions were not significantly different. However, the changes in scores of tension and confusion (two specific subcategories of negative mood) were found to be significantly different between the two conditions, which partially supported the first hypothesis. The second hypothesis also seemed to be partially supported, with the changes in scores of happiness and anger disclosure found to be significantly different between conditions. Unfortunately, the changes in scores of other categories of emotional disclosure were not found to be significantly different between the two conditions.

Outcomes from this study also aligned with the literature, in that the experience of artmaking was shown to have a beneficial impact on mood by reducing mood disturbances. This is clearly a desirable mental health outcome (Winner, 2005). Moreover, the change in score on tension and confusion were found to be significantly different between the two art-making conditions, indicating a greater decrease in both within the no frame condition. The frame group may have experienced lower decrease in tension due to challenges with securing the artwork to the frame. Furthermore, the frame was not displayed with the art materials presented to the framed condition. This surprising reveal may have influenced a greater level of confusion experience by the frame group. After receiving a frame as a device to reinforce the “specialness” of their artworks, participants did show a significant increase in willingness to disclose certain emotions, particularly anger and apathy: this is consistent with Robb and Miller’s (2017) assertion that imagery with distinctive features may lend to verbal self-disclosure. Further, results from both conditions seem to support watercolor art making as an effective art-based mood intervention for ethnic and racial minorities, in line with Ramirez et al. (2020) findings, which reinforced that art therapy, could be an effective tool for addressing mental health outcomes, such as self-esteem and personal adjustment, with persons of color.

In observing the artworks from both conditions, an informal qualitative analysis was conducted. Artworks from the frame group were primarily oriented vertically, utilizing less than 75% of the surface. There was a greater use of the color black when compared to the no-frame group. Distinct in the artwork created by participants who did not receive a frame included significant use of warm colors such as yellow and orange. This group also exhibited many images of the sun in their compositions. This may suggest a bright outlook or orientation to what can be seen in the daylight, rather than hidden in the dark.

Three notable themes emerged in review of all of the artwork. One unsurprising theme across conditions included images of a full body or a face. Self-portraits were expected as participants were invited to “create an image that is a representation of yourself.” Other notable themes, among both groups, included the use of faith or spiritual symbols such as crosses, and landscape/nature imagery portrayed as bodies of water and plant life. Although general themes occurred in the artwork, an analysis of the graphic indicators of each condition further illuminate aspects of non-verbal disclosures.

As noted in the literature (Robb & Miller, 2017), artistic expression can be a form of non-verbal disclosure. As seen in Figure 1, the artwork of a 30-year-old African American/African Caribbean woman assigned to the frame group, could be described as a sunset or sunrise. Her POSM-SF pre and post-test indicated a decrease in her overall mood disturbance. In her artwork, warm colors such as yellow and orange were primarily used to create a landscape of a horizon that covered much of the surface. This suggests that she accessed and expressed feelings of warmth through her painting. This artwork also included black outlining of land and a palm tree that leans to the right side of the paper. This landscape may have been connected to this participant’s culture, thus disclosing personal connection to the artmaking.

Further, the artwork in Figure 2, created by a 34-year-old African American/African Caribbean from the no-frame group, is quite similar in formal qualities to the artwork in Figure 1. The entire surface space was used, along with a variety of colors such as blues, pinks, and greens. Yet, the use of yellow in the background is notable, and may be expressing sunshine or hope, as this participant scored the second-highest decrease in negative mood between both conditions. Plant life is also illustrated in the form of a flower, which like Figure 1, is also



perceived to lean towards the right side of the paper, which may suggest a positive perspective of growth towards the future.

The informal qualitative artwork analysis also seemed to align with the quantitative results that showed an increase in the willingness to disclose emotions of anger in the frame condition, which was found to be statistically different from the non-frame group. This outcome may have been a result of a containment element provided by framing. For instance, an individual may restrict their thoughts and feelings of anger to prevent them from becoming overwhelmed, uncontrollable, and destructive. Framing the art may have served as a tool to symbolize a designated holding space for anger to be safely explored. Not only did participants in the frame group reported a significant increase in the willingness to disclose anger with an art therapist, but this change in score was found to be statistically different from the non-frame group. The process of framing may support an increased sense of containment that supports expressions of anger.

Artistically, we can see expressions of anger may be illustrated in formal qualities as depicted in Figure 3, created by a 39-year-old, Hispanic/Latinx woman in the framing condition. Indicators of anger are suggested by limited color use and a sparse integration of the composition, as well as rigid line quality. We see four mountains, each rendered in their own color or shade, which may suggest a need for a great deal of protection. Additionally, content features of anger are suggested in the prominent use of black and blue, which might lend to thoughts of bruising or wounding. This participant's expression of anger is further supported by her writing prompt, noting, "I found it difficult to decide how to relay the message correctly or accurately through art." Feelings of anger may be suggested by frustration with attempting to conceptualize and execute an artistic expression of herself.

In contrast, Figure 4, created by a 51-year-old, Hispanic/Latinx woman in the non-frame group, illustrates expressions of happiness, an emotion which participants in the non-frame group were more likely to disclose after the artmaking. Not framing may support freer expression. In this study, both happiness and depression may be observed in the artworks. Indicators of happiness may be seen using more than three colors and the notable presence of warm colors such as red, yellow, and orange. More distinguished graphic elements of faith and love were depicted in what could be identified as a heart and a cross. This may further support a sense of cheerfulness and sense of belonging. Within many cultures of persons of color, belonging to a faith-based community has related to positive support.

Overall, it may be the use of watercolors, used in both conditions, that contributed the most to the outcomes of this study, especially regarding willingness to disclose emotions to an art therapist. These results may be linked to the fluid expressive process watercolor can offer compared to restrictive mediums such as color pencils. Like the easily expansive characteristics watercolor provides, participants might have experienced a process that mirrored their interaction with the material, facilitating an openness to expand their emotions verbally. This process is described in the expressive therapies continuum (ETC) which identifies three degrees that can be experienced in the process and product of artmaking (Lusebrink, 2015). The free-flowing movement experienced by using watercolor supported a kinesthetic process that integrated a cognitive process which may lead to the verbal communication of emotional processes.

The results demonstrate that the frame group did not experience a significantly different change in overall negative mood and the willingness to discuss all emotion constructs, compared to the control group, this may have been due to framing challenges. Many participants experienced challenges with placing and securing their artwork to the frame. The degree to

which the art moved when trying to tape it down, proved to be more difficult than anticipated. Perhaps if the framing process had included support by the researcher, then participants might have experienced less disturbance in their mood. These collaborative actions could also lend themselves to demonstrating art made special, and build rapport (Farber et al., 2004).

Artmaking might be viewed as a daunting activity deterring potential clients, especially people of color, preventing it from being used as a mental health resource. Participants' responses from both conditions suggest that including a brief demonstration video helped to decrease mood disturbance. As expressed by a 36-year-old African American/African Caribbean woman after artmaking, "I didn't know about the different techniques when using watercolor and found the instructional video very informative. It was also very helpful as the perfectionist in me needed to use the erasing trick..." Further, a 39-year-old African American/African Caribbean woman participant in the non-frame group elaborated, "Tutorial in beginning helped as a reference on techniques."

Regarding clinical applications, the use of watercolors may be used as a medium of choice to facilitate a decrease in negative mood. Specifically for people of color, a brief watercolor artmaking experience appeared to support a sense of inclusion for them in clinical practice with art therapists. Themes of religious and spiritual content in artwork supported a welcoming discussion about these topics for racial and ethnic minorities. This contrasts with typical avoidance of and a seemingly unspoken rule of not talking about faith or spirituality in traditional therapy, which may limit therapeutic outcomes for people of color. Further, art therapy with people of color could safely facilitate the expression of anger, hostility, and rage.

Several limitations emerged during the procedure of this study. One notable confound was language comprehension related to some mood items in the POMS-SF. Many participants

inquired about the meaning of “grovelly”, “bushed”, “peeved”, and “full of pep.” Even though participants were able to explore the meanings of these words on their cell phones, a lack of comprehension may have still impacted results, especially for participants who did not understand and did not verbalize this confusion. This might have been an omission to not appear ignorant, especially for those whose first language is not English. Solutions for this confound may include using an alternative negative mood measure that incorporates more modern-day language or using a mood measure that has been validated by multiple racial and ethnic populations. Another factor that may have impacted the results of this study was its small sample size, which limited the power of the study. Future research may consider including a larger sample of adult people of color.

Additionally, future research could explore the use of other art mediums, such as clay or digital art, on negative mood and emotional disclosure for people of color. As the literature insists, racial and ethnic minorities are more hesitant to engage in mental health services. It may be compelling to explore outcomes specific to male identifying participants, or with other potentially hard-to-reach populations, such as adolescents (Matthews & Doherty, 2011). Considering a larger sample for future research, including individuals who self-identify as solely White or Caucasian as a comparison group to people of color may further support mental health implications in the field of art therapy.

Research to develop a variety of effective mental health applications for people of color is limited. The findings of this study indicated that offering watercolors as an artmaking medium with and without framing, provided positive outcomes. This brief artmaking experience decreased negative mood and increased the willingness to disclose emotions. This suggests that watercolor painting can be an invitation to welcome people of color into wellness spaces.



### References

- Agumadu, C. O., Yousufi, S. M., Malik, I. S., Nguyen, M. C. T., Jackson, M. A., Soleymani, K., & Postolache, T. T. (2004). Seasonal variation in mood in African American college students in the Washington, DC, metropolitan area. *American Journal of Psychiatry*, 161(6), 1084-1089. <https://doi.org/10.1176/appi.ajp.161.6.1084>
- American Psychological Association. (2021, October). *Apology to people of color for APA's role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in U. S.* <http://www.apa.org/about/policy/racism-apology>
- American Psychological Association. (2021, October). *Historical chronology.* <http://www.apa.org/about/apa/addressing-racism/historical-chronology>
- Arrien, A. (2010). *The second half of life: Opening the eight gates of wisdom.* ReadHowYouWant.Com. <http://doi.org/10.1080/01924780802256600>
- Art Therapy Credential Board. (2021, October) What is art therapy? <https://www.atcb.org/what-is-art-therapy>
- Awais, Y. J., & Blausey, D. (2020). *Foundations of art therapy supervision: Creating common ground for supervisees and supervisors.* Routledge. <https://doi.org/10.4324/9781315451176>
- Baker, F., Denniston, M., Zabora, J., Polland, A., & Dudley, W. N. (2002). A POMS short form for cancer patients: Psychometric and structural evaluation. *Psycho-Oncology*, 11, 273-281. <https://doi.org/10.1002/pon.564>
- Béal, C., & Traverso, V. (2010). 'Hello, we're outrageously punctual': Front door rituals between friends in Australia and France. *Journal of French Language Studies*, 20(1), 17-29. <https://doi.org/10.1017/S095926950999041X>
- Benjamins, M. R. (2013). Comparing measures of racial/ethnic discrimination, coping, and

- associations with health-related outcomes in a diverse sample. *Journal of Urban Health*, 90(5), 832-848. <https://doi.org/10.1007/s11524-013-9787-x>
- Brinks, R. J. (2016). *The impact of tourism on the Maasai culture. A case study from ole Keene, Narok county, republic of Kenya* (Doctoral dissertation). University of Groningen, The Netherlands. <https://doi.org/10.7176/jetp/9-9-04>
- Derlaga, V. J., & Berg, J. H. (Eds.). (1987). *Self-disclosure: theory, research, and therapy*. Springer Science & Business Media. <https://doi.org/10.1007/978-1-4899-3523-6>
- De Petrillo, L., & Winner, E. (2005). Does art improve mood? A test of a key assumption underlying art therapy. *Art Therapy*, 22(4), 205-212. <https://doi.org/10.1080/07421656.2005.10129521>
- Dissanayake, E. (2003). The core of art—making special. *Journal of the Canadian Association for Curriculum Studies*, 1(2). <https://doi.org/10.1080/00393541.2017.1368286>
- Fenner, P. (2012). What do we see?: Extending understanding of visual experience in the art therapy encounter. *Art Therapy*, 29(1), 11-18. <https://doi.org/10.1080/07421656.2012.648075>
- Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' perceptions of the Process and consequences of self-disclosure in psychotherapy. *Journal of Counseling Psychology*, 51(3), 340.
- Farber, B. A., Feldman, S., & Wright, A. J. (2014). Client disclosure and therapist response in psychotherapy with women with a history of childhood sexual abuse. *Psychotherapy Research*, 24(3), 316-326. <https://doi.org/10.1080/10503307.2013.817695>
- Fredrickson, G. M. (2005). The historical construction of race and citizenship in the United States. In *Racism and Public Policy* (pp. 25-47). Palgrave Macmillan, London.

- Högberg, G., & Hällström, T. (2018). Mood regulation focused CBT based on memory reconsolidation, reduced suicidal ideation and depression in youth in a randomised controlled study. *International Journal of Environmental Research and Public Health*, 15(5), 921. <https://doi.org/10.3390/ijerph15050921>
- Kang, S. J., Kim, H. S., & Baek, K. H. (2021). Effects of nature-based group art therapy programs on stress, self-esteem and changes in electroencephalogram (EEG) in non-disabled siblings of children with disabilities. *International Journal of Environmental Research and Public Health*, 18(11), 5912. <https://doi.org/10.3390/ijerph18115912>
- Lusebrink, V. B. (2015). Expressive therapies continuum. *The Wiley Handbook of Art Therapy*, 57-67. <https://doi.org/10.1002/9781118306543.ch6>
- Matthews, M., & Doherty, G. (2011, May). In the mood: engaging teenagers in psychotherapy using mobile phones. In proceedings of the SIGCHI conference on human factors in computing Systems (pp. 2947-2956). <https://doi.org/10.1145/1978942.1979379>
- Marchesi, M. (2014). Conservation of photographic artwork by john baldessari: two strategies—reproduction and framing. *ICOM CC 17th Conservation Triennial Conference Preprints*, 15-19.
- Michno, J. (2017). Greeting and leave-taking in Texas: Perception of politeness norms by Mexican-Americans across sociolinguistic divides. *Spanish in Context*, 14(1), 1-27. <https://doi.org/10.1075/sic.14.1.01mic>
- Ong, A. D., Burrow, A. L., Fuller-Rowell, T. E., Ja, N. M., & Sue, D. W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of Counseling Psychology*, 60(2), 188. <https://doi.org/10.1037/a0031736>
- Padgett, D. K., Patrick, C., Burns, B. J., & Schlesinger, H. J. (1994). Ethnicity and the use of



- outpatient mental health services in a national insured population. *American Journal of Public Health*, 84(2), 222-226. <https://doi.org/10.2105/AJPH.84.2.222>
- Ramirez, K., Haen, C., & Cruz, R. F. (2020). Investigating impact: The effects of school-based art therapy on adolescent boys living in poverty. *The Arts in Psychotherapy*, 71, 101710. <https://doi.org/10.1016/j.aip.2020.101710>.
- Robb, M., & Miller, A. (2017). Supervisee art-based disclosure in El Duende process painting. *Art Therapy*, 34(4), 192-200. <https://doi.org/doi:10.1080/07421656.2017.1398576>
- Shacham, S. (1983) A shortened version of the profile of mood states. *Journal of Personality Assessment*, 47, 305-306. [https://doi.org/10.1207/s15327752jpa4703\\_14](https://doi.org/10.1207/s15327752jpa4703_14)
- Shavers, V. L., Lynch, C. F., & Burmeister, L. F. (2002). Racial differences in factors that influence the willingness to participate in medical research studies. *Annals of Epidemiology*, 12(4), 248-256. [https://doi.org/10.1016/S1047-2797\(01\)00265-4](https://doi.org/10.1016/S1047-2797(01)00265-4)
- Snell Jr, W. E., Miller, R. S., & Belk, S. S. (1988). Development of the emotional self-disclosure scale. *Sex Roles*, 18(1-2), 59-73. <https://doi.org/10.1007/bf00288017>
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271. <https://doi.org/10.1007/BF00288017>
- Takeuchi, D. T., Sue, S., & Yeg, M. (1995). Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles. *American Journal of Public Health*, 85(5), 638–643. <https://doi.org/10.2105/AJPH.85.5.638>
- Thammachack, A. (2020). Using art therapy to promote resiliency in women of color with race-based traumatic stress (Master's thesis). Saint Mary of the Woods.
- Vega, W. A., & Rumbaut, R. G. (1991). Ethnic minorities and mental health. *Annual Review of*

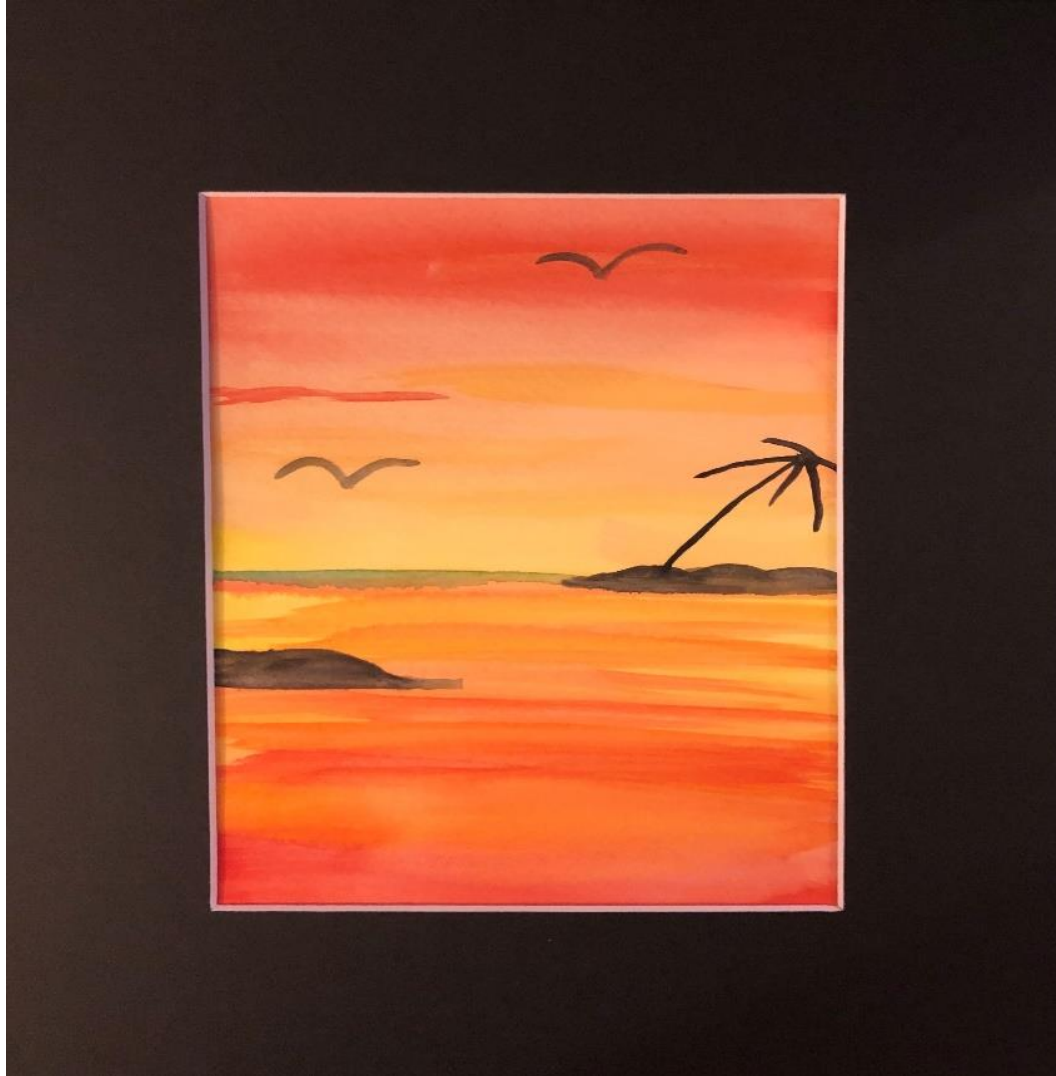
*Sociology*, 17(1), 351-383. [https://doi.org/ 10.1146/annurev.so.17.080191.002031](https://doi.org/10.1146/annurev.so.17.080191.002031)

Wallace, S., Nazroo, J., & Bécaries, L. (2016). Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom. *American Journal of Public Health*, 106(7), 1294–1300. <https://doi.org/10.2105/AJPH.2016.303121>

**Figures**

**Figure 1**

*Sunset Sunrise*



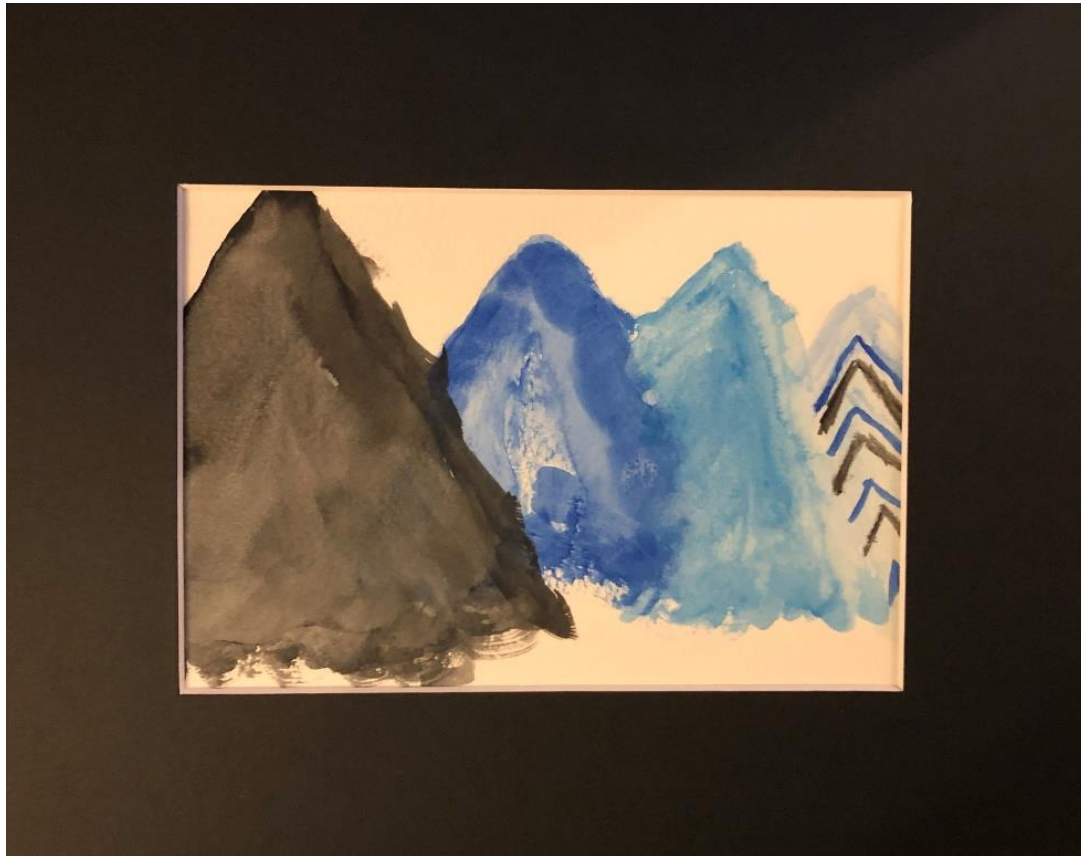
*Note:* Artwork by a 30-year-old African American/African Caribbean woman assigned to the frame group with statistically significant decrease in mood disturbance.

**Figure 2***Leaning Flower*

*Note:* Artwork by a 34-year-old African American/African Caribbean woman assigned to the no-frame group with the second highest change in mood disturbance between both conditions.

**Figure 3**

*Anger, Black and Blue Mountains*



*Note:* Artwork created by a 39-year-old, Hispanic/Latinx woman in the frame condition, which may depict elements of anger.

**Figure 4**

*Happiness, Cross and Heart*



*Note:* Artwork created by a 51-year-old, Hispanic/Latinx woman from the no-frame condition, which may illustrate the expression of happiness.

Appendix A  
Recruitment Flyer

PEOPLE WHO IDENTIFY EITHER/AND AS...  
BLACK/AFRICAN AMERICAN, AFRICAN CARIBBEAN, OR AFRICAN  
ASIAN/ASIAN AMERICAN OR PACIFIC ISLANDER  
HISPANIC OR LATINX  
NATIVE AMERICAN/INDIGENOUS  
**ARE NEEDED!**

**Ages: 18-65**

**For: An *art-based* research study**  
**Time: Approx. 60 minutes including questionnaires**

**All art skills are welcomed!**

**Thank you for considering participating  
to help advance research in the field of art therapy**

**Participants will be  
entered in a raffle to  
win art supplies valued  
at \$50!**

**INTERESTED?**  
Please contact: **Marsha Placide at [mjplacide@albertus.edu](mailto:mjplacide@albertus.edu)**



## Appendix B

## Informed Consent Form

## Consent Form: Art Making and People of Color

This study is being conducted as part of the requirements for the completion of the Master of Arts in Art Therapy and Counseling degree at Albertus Magnus College. The purpose of this study is to investigate the effects of art making in social interactions.

During this study you will be asked to complete a questionnaire involving mood, disclosure, and take part in an art making activity. Following the art making, you will be asked to briefly write about the process and complete a demographic questionnaire form. Participation in this study is confidential and is expected to take approximately 60 minutes. Any discussion and artwork will remain private and confidential without the use of your name. The design of the study requires that the researcher hold onto the artwork. Please note that art abilities are not a factor and will not be considered.

This is a completely voluntary study and if for any reason you would no longer like to participate, you are welcome to withdraw at any time. On occasion, some participants may feel a little discomfort in participating in a research study and may find comforting activities to be helpful. Benefits of this study may include enjoying art making, learning a new creative skill, and opportunity for self-expression, as well as contributing to the field of art therapy. The Institutional Review Board (IRB) at Albertus Magnus College has approved this study.

Please inform the researcher if you have any allergies to art materials. If you have any questions or concerns about this study, you may contact the following individuals:

Student Researcher:	AT Advisor	Psych Advisor
Marsha Placide	Abbe Miller, PhD	Neda Moinolmolki, PhD
<a href="mailto:mjplacide@albertus.edu">mjplacide@albertus.edu</a>	<a href="mailto:amiller@albertus.edu">amiller@albertus.edu</a>	<a href="mailto:nmoinolmolki@albertus.edu">nmoinolmolki@albertus.edu</a>

Or:  
Joshua Abreu, PhD  
[jabreu1@albertus.edu](mailto:jabreu1@albertus.edu)

Your signature below indicates that you are between 18 and 65 years of age, have read and understand the description of the study, have had all your questions addressed, and are willing to participate.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I received a copy of this form for my record



## Appendix C

Art Release Form  
Art Image Release Form: Art Making and People of Color

The artwork that you create during this study will remain confidential. Your name will not be connected with your artwork. Photographs of the artwork will *only* be taken with your consent for the purposes listed below. Photographs taken of the artwork *will not* include any identifying information.

I agree to have my artwork photographed without identifying information for the following purpose(s): (Please check all that apply)

- ☐ Educational and training purposes
- ☐ Presentation at a professional conference
- ☐ Publication in a professional journal
- ☐ None of the above

I hereby give consent as noted above for the use of my artwork

---

Print name

Date

---

Signature

Please note that if at a later date you choose to withdraw permission for your artwork to be shown as noted above, it may be difficult or impossible to contain images already disseminated in public settings.

\_\_\_\_\_ I have received a copy of this form to keep for myself.

Appendix D

Watercolor Demonstration Video Link

<https://drive.google.com/file/d/1WLB7Z4sy7xXCzcDOMQTyVK4IGbvqg948/view?usp=sharing>

g

Appendix E

Post Art Writing Prompt

Questionnaire: Art Making and People of Color

**Please use this page to write about your art making experience. You could be brief!**

---

---

---

---

---

---

---

---

---

---

## Appendix F

## Demographic and Questionnaire Form: Art Making and People of Color

- 1) Please indicate your age? \_\_\_\_\_
- 2) What is your gender? (select all that apply)
  - a. ☐ Man
  - b. ☐ Woman
  - c. ☐ Non-Binary
  - d. ☐ Genderqueer
  - e. ☐ Transgender
  - f. ☐ Self-Describe \_\_\_\_\_
  - g. ☐ Prefer not to indicate
- 3) How do you currently identify your race/ethnicity? (select all that apply)
  - a. ☐ Black/African American or African Caribbean
  - b. ☐ Asian/Asian American or Pacific Islander
  - c. ☐ White/Caucasian
  - d. ☐ Hispanic or Latinx
  - e. ☐ Native American/Indigenous
  - f. ☐ Self-Describe \_\_\_\_\_
  - g. ☐ Prefer not to indicate
- 4) Please specify your highest level of education completed:
  - a. ☐ High School/GED
  - b. ☐ Some College
  - c. ☐ Associate's Degree
  - d. ☐ Bachelor's Degree
  - e. ☐ Master's Degree
  - f. ☐ Doctorate Degree
  - g. ☐ Not listed \_\_\_\_\_
  - h. ☐ Prefer not to respond
- 5) Do you create any form of visual art?
  - a. ☐ Frequently
  - b. ☐ Occasionally
  - c. ☐ Rarely
  - d. ☐ NeverIf never, skip question 6
- 6) Have you ever worked with watercolor before?
  - a. ☐ Frequently
  - b. ☐ Occasionally
  - c. ☐ Rarely

d. ☐ Never

**7) Have you used mental health counseling services?**

- a. ☐ Frequently
- b. ☐ Occasionally
- c. ☐ Rarely
- d. ☐ Never

If never, skip questions, 8, 9, and 10

**8) Have you attended a therapy session within the past year?**

- a. ☐ Yes
- b. ☐ No

**9) Have you ever felt the need to change therapist because you felt misunderstood or judged?**

- a. ☐ Yes
- b. ☐ No

**10) Have you ever felt the need to change therapist because you felt unwelcomed?**

- a. ☐ Yes
- b. ☐ No

**11) Before today, have you ever heard of art therapy as a method of clinical counseling?**

- a. ☐ Yes
- b. ☐ No

If no, skip question 12

**12) Have you ever considered participating in art therapy?**

- a. ☐ Frequently
- b. ☐ Occasionally
- c. ☐ Rarely
- d. ☐ Never

**13) How did you feel about creating art with watercolor?**

- a. ☐ Did not enjoy it at all
- b. ☐ Enjoyed it somewhat
- c. ☐ Enjoyed it
- d. ☐ Enjoyed it quite a bit
- e. ☐ Enjoyed it a lot

**14) Are you satisfied with your artwork?**

- a. ☐ Not at all
- b. ☐ Somewhat
- c. ☐ Moderately

- d. ☐ Quite a bit
- e. ☐ Extremely

**15) Is it important that others view your artwork?**

- a. ☐ Not at all
- b. ☐ Somewhat
- c. ☐ Moderately
- d. ☐ Quite a bit
- e. ☐ Extremely

**16) Would you want your artwork display in a personal or public space?**

- a. ☐ Not at all
- b. ☐ Somewhat
- c. ☐ Moderately
- d. ☐ Quite a bit
- e. ☐ Extremely

**17) After today, are you more open to art therapy services?**

- a. ☐ Not at all
- b. ☐ Somewhat
- c. ☐ Moderately
- d. ☐ Quite a bit
- e. ☐ Extremely

## Appendix G

## Debriefing Form

Thank you for your participation! This form is intended to inform you about the goals of this study. This study was conducted to explore the impact framing artwork has on negative mood and comfort with self-disclosure for people of color. Research has suggested that the elements of making special in the art process may help build clients' trust and feel seen and understood. This impact may lend to techniques to foster therapeutic relationships and increase service utilization and mental health outcomes. For this study, participants were randomly chosen to participate in one of two group. One condition included an additional step of the researcher providing a frame to complete their art, while the other group did not receive a frame. You were given questionnaires to measure changes in your negative mood and self-disclosure comfort level.

It was hypothesized that participants whose art making included a process of framing would report a higher increase negative mood and emotional self-disclosure, when compared to those who are not given frames.

Below are sources related to this topic if you would like more information:

Thammachack, A. (2020). Using art therapy to promote resiliency in women of color with race-based traumatic stress (Masters thesis). Saint Mary of the Woods, Indiana.

Dissanayake, E. (2003). The core of art—making special. *Journal of the Canadian Association for Curriculum studies*, 1(2).

<https://www.inclusivetherapists.com/>

<https://www.innopsych.com/findatherapist>

If you would like to receive the results of this study, please provide your email address to the researcher. Note that only aggregate results can be provided, not individual outcomes.

*Thank you, again. Your participation is greatly appreciated!*

[mjplacide@albertus.edu](mailto:mjplacide@albertus.edu)